

AULTMAN

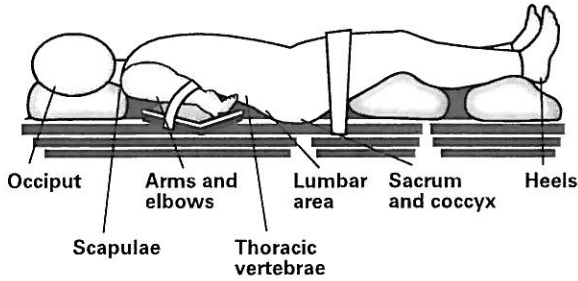
PATIENT LABEL _____

Surgical/Procedural Positioning Communication Tool

**Note Surgery Length In Hours _____

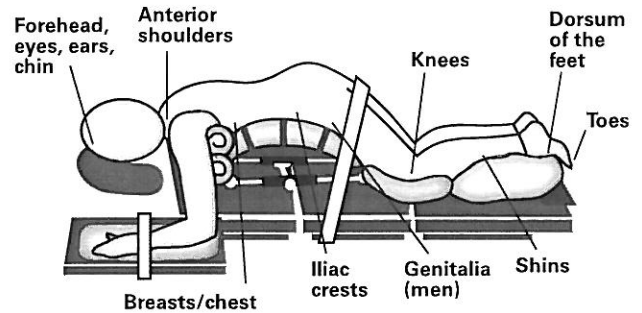
Circle affected area. Designate with an "I" for intraoperative or "P" for postoperative assessment. Describe the area in the comments section.

SUPINE



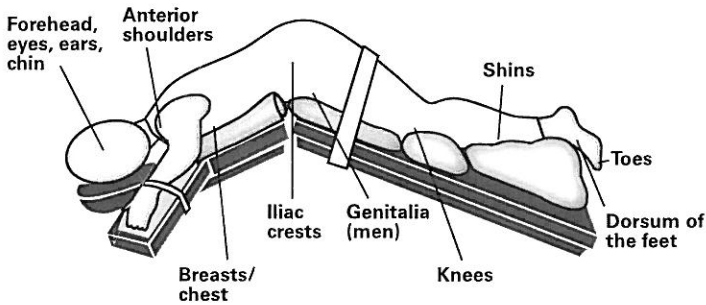
Comments: _____

PRONE



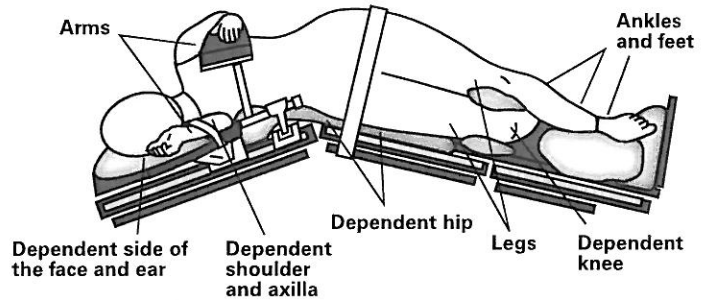
Comments: _____

PRONE (JACKKNIFE)



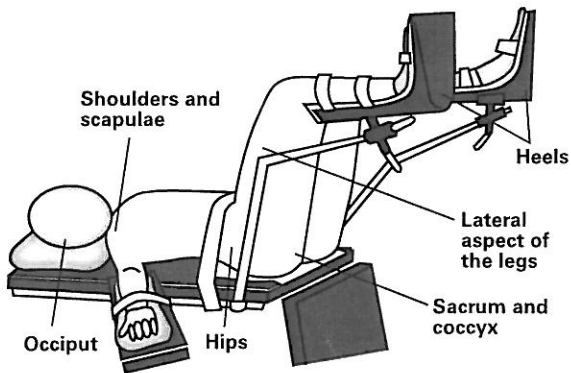
Comments: _____

LATERAL



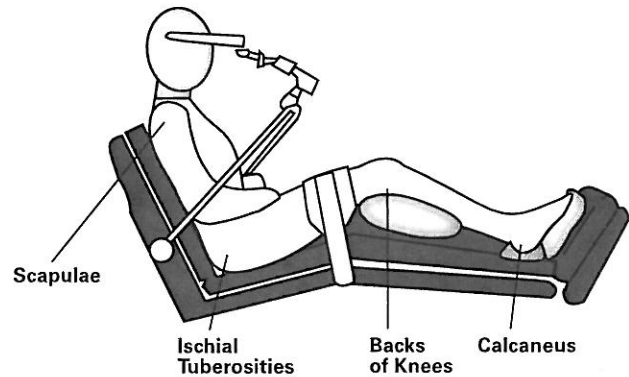
Comments: _____

LITHOTOMY



Comments: _____

SITTING



Comments: _____